



APPLICATION #

CERTIFICATE OF ZONING COMPLIANCE APPLICATION

PLEASE PRINT CLEARLY

PROPERTY INFORMATION	(1) PROPERTY ADDRESS (<i>STREET & NUMBER</i>)				(2) FLOOR/SUITE	
	(3) SQUARE FOOTAGE TO BE USED			(4) NUMBER OF ON-SITE PARKING SPACES		
	(5) CURRENT USE OF STRUCTURE, IF CURRENTLY VACANT, INDICATE LAST USE & YEAR IT WAS USED					
	(6) DESCRIBE PROPOSED USE OF STRUCTURE					
(7) OFFICE USE ONLY	<input type="checkbox"/> OWNERSHIP CHANGE	<input type="checkbox"/> TENANT CHANGE	<input type="checkbox"/> HOME OCCUPATION	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> OTHER (<i>PLEASE SPECIFY</i>)	
(8) RESIDENTIAL USES	<input type="checkbox"/> SINGLE FAMILY	(9) COMMERCIAL-INDUSTRIAL USES	<input type="checkbox"/> RETAIL TRADE	<input type="checkbox"/> EDUCATION/ASSEMBLY		
	<input type="checkbox"/> TWO-FAMILY		<input type="checkbox"/> SERVICES	<input type="checkbox"/> VEHICLE SALES & SERVICE		
<input type="checkbox"/> THREE OR MORE FAMILY NO. OF UNITS: _____	<input type="checkbox"/> RECREATION		<input type="checkbox"/> INDUSTRIAL/MANUFACTURING NO. OF EMPLOYEES: _____			
<input type="checkbox"/> CONDO UNIT	<input type="checkbox"/> OTHER (<i>PLEASE SPECIFY</i>) _____					
PROPERTY OWNER INFORMATION	(10) PROPERTY OWNER'S NAME					
	(11) PROPERTY OWNER'S ADDRESS				(12) PROPERTY OWNER'S PHONE #	
	(13) PROPERTY OWNER'S SIGNATURE					
APPLICANT INFORMATION	(14) APPLICANT'S NAME					
	(15) BUSINESS AND/OR TRADE NAME					
	(16) APPLICANT'S ADDRESS					
	(17) APPLICANT'S CONTACT #		(18) APPLICANT'S FAX #		(19) APPLICANT'S EMAIL ADDRESS	
	(20) APPLICANT'S SIGNATURE					

APPLICATION #		PROPERTY ADDRESS		
OFFICE USE ONLY	TAX MAP I.D.			
	ZONING DISTRICT	HISTORIC DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO	EXISTING USE	
	PROPOSED USE			
	NON-CONFORMING USE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS THE NON-CONFORMING USE CONSIDERED A LEGAL NON-CONFORMITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VIOLATION(S) ON PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN		
	DELINQUENT TAXES DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AMOUNT OWED \$		
	OTHER OUTSTANDING BALANCES DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AMOUNT (S) OWED \$		
	# OF ON-SITE PARKING SPACES REQUIRED		# OF ON-SITE PARKING SPACES PROVIDED	
	FEE PAID \$	RECEIPT #		
APPLICATION APPROVED		DATE	APPLICATION DENIED	DATE
CONDITIONS		REASON FOR DENIAL		

INSTRUCTIONS ON COMPLETING A CERTIFICATE OF ZONING COMPLIANCE APPLICATION

***A processing fee of \$75.00 is due at the time of filing.**

PLEASE PRINT CLEARLY

Box #1 – Provide the address (number and street name) for the location of the use or business

Box #2 – Provide the space within the building where the business is to be located. (NOTE: To be used on applications where more than a single tenant/space/apartment exists.)

Box #3 – Provide the size of the space (in square feet) to be used/occupied by the applicant

Box #4 – Provide the number of parking spaces existing ON the site (NOTE: Do not include spaces provided off of the site, either on-street or leased spaces)

Box #5 – Indicate the current/existing use(s) of the property (i.e. – office, 2-family, restaurant, single-family, etc.)

Box #6 – Indicate the proposed use(s) of the property

Box #7 – OFFICE USE ONLY

Box #8-9 – Check the appropriate box that most closely indicates the use, including any additional information requested.

Box #10 – Provide the name of the property owner.

Box #11 – Provide the property owner's address, including zip code.

Box #12 – Provide the property owner's contact phone number.

Box #13 – Provide the property owner's or the owner's authorized agent's signature certifying the applicant's request is authorized.

Box #14 – Provide the applicant's name requesting the application.

Box #15 – Provide the business or trade name, if applicable.

Box #16 – Provide the address of the applicant(s)

Box #17 – Provide the applicant's contact phone number in order that they may be contacted, if necessary.

Box #18 – Provide the applicant's fax number (if applicable) in order that they may be contacted, if necessary.

Box #19 – Provide the applicant's email address in order that they may be contacted, if necessary.

Box #20 – Provide the applicant's or authorized agent's signature.



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